

Recipient Committee  
Campaign Statement  
Cover Page

COVER PAGE

Date Stamp <b>RECEIVE</b> JAN 27 2020 CITY OF LINCOLN	CALIFORNIA FORM <b>460</b> Page <u>1</u> of <u>9</u> For Official Use Only
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Statement covers period from <u>07/01/2019</u> through <u>12/31/2019</u>	Date of election if applicable: (Month, Day, Year) <u>11/8/16</u>
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SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br><small>(Also Complete Part 5)</small> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br><small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee              | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><small>(Also Complete Part 7)</small>  |

2. Type of Statement:

- |   |  |
|---|--|
| <input type="checkbox"/> Preelection Statement  | <input type="checkbox"/> Quarterly Statement     |
| <input checked="" type="checkbox"/> Semi-annual Statement   | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement<br><small>(Also file a Form 410 Termination)</small> |  |
| <input type="checkbox"/> Amendment (Explain below)  |  |

3. Committee Information

I.D. NUMBER  
1387027

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Karleskint for City Council 2016

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Lincoln</u>	<u>CA</u>	<u>95648</u>	<u>[REDACTED]</u>

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

campaign2016@karleskint.com

Treasurer(s)

NAME OF TREASURER

Elizabeth Karleskint

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Lincoln</u>	<u>CA</u>	<u>95648</u>	<u>[REDACTED]</u>

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

campaign2016@karleskint.com

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1/23/2020  
Date

Executed on 1-23-2020  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By [REDACTED] Treasurer

By [REDACTED] President or Responsible Officer of Sponsor

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from 07/01/2019 through 12/31/2019	CALIFORNIA FORM <b>460</b> Page 2 of 9 I.D. NUMBER 1387027
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Elizabeth Karleskint

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ 16572.00	\$ 0.00
2. Loans Received..... Schedule B, Line 3	0.00	0
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ 16572.00	\$ 0.00
4. Nonmonetary Contributions..... Schedule C, Line 3	0.00	0
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ 16572.00	\$ 0.00

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$	\$
21. Expenditures Made	\$	\$

## Expenditures Made

6. Payments Made..... Schedule E, Line 4	\$ 8050.00	\$ 0.00
7. Loans Made..... Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ 8050.00	\$ 0.00
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment..... Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ 8050.00	\$ 0.00

## Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
/ /	\$
/ /	\$

## Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ 1035.00
13. Cash Receipts..... Column A, Line 3 above	0.00
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	0.00
15. Cash Payments..... Column A, Line 8 above	0.00
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 9557.00

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$
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## Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... See instructions on reverse	\$
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

\*Amounts in this section may be different from amounts reported in Column B.

# Schedule A Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from <b>07/01/2019</b> through <b>12/31/2019</b>	<b>CALIFORNIA FORM 460</b> Page <b>3</b> of <b>9</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Elizabeth Karleskint

I.D. NUMBER

1387027

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/6/2019	TERRAVEST CAPITAL PARTNERS [REDACTED] MODESTO, CA 95355	OTHER		\$2,000.00		
7/26/2019	JOHN MOURIER CONSTRUCTION, INC [REDACTED] SACRAMENTO, CA 95814	OTHER		\$200.00	\$700.00	
7/22/2019	COMMITTEE FOR HOME OWNERSHIP OF THE NORTHSTATE BUILDING INDUSTRY [REDACTED] SACRAMENTO, CA 95833	OTHER		\$2,500.00	\$3,500.00	
7/26/2019	SUSAN ROHAN [REDACTED] ROSEVILLE, CA 95661	IND		\$100.00		
7/27/2019	PHILLIPS LAND LAW, INC [REDACTED] LOOMIS, CA 95650	OTHER		\$250.00	\$750.00	
12/18/2019	Wallace-Kuhl & Associates [REDACTED] West Sacramento, CA 95691	OTHER		\$500.00		
<b>SUBTOTAL</b>				<b>\$5,550.00</b>		

## Schedule A Summary

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.)
- Amount received this period – unitemized monetary contributions of less than \$100
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)

\$15,900.00

\$672.00

**TOTAL**  
\$16,572.00

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other (e.g., business entity)  
PTY – Political Party  
SCC – Small Contributor Committee

FPPC Form 460 (Jan/2016)  
FPPC Advice: advice@fppc.ca.gov (866/275-3772)  
www.fppc.ca.gov

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 07/01/2019 through 12/31/2019	CALIFORNIA FORM <b>460</b> Page 4 of 9
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NAME OF FILER

Elizabeth Karleskint

ID NUMBER

1387027

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER (C) NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/27/2019	PARTICK PINKHAM [REDACTED] LINCOLN, CA 95648	IND		\$200		
8/1/2019	PETER GILBERT [REDACTED] LINCOLN, CA 95648	IND		\$100		
18-Dec-19	Lund Construction Co [REDACTED] North Highlands, CA95660	OTHER		\$500		
18-Dec-19	Richland Developers Inc [REDACTED] Irvine, CA92612	OTHER		\$1,000		
8/1/2019	SARES-REGIS OPERATING COMPANY, LP [REDACTED] IRVINE, CA 92612	OTHER		\$500		
8/1/2019	ALDO PINESCHI CONSULTING, INC. [REDACTED] ROSEVILLE, CA 95661	OTHER		\$100		
<b>SUBTOTAL</b>				<b>\$2,400</b>		

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       (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2019</u> through <u>12/31/2019</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>5</u> of <u>9</u>
ID NUMBER <u>1387027</u>	

NAME OF FILER:

Elizabeth Karleskint

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/1/2019	ELLIOTT HOMES, INC 240 BALLADIA PARKWAY, STE 501 FOLCOM, CA 95630	OTHER		\$500		
8/2/2019	RICHLAND DEVELOPERS, INC IRVINE, CA 92612 949 261-7010	OTHER		\$250		
8/2/2019	WOOD ROGERS SACRAMENTO, CA 95816 916 341-7760 PH	OTHER		\$200		
8/2/2019	LAW OFFICE OF MARCUS J. LO DUCA ROSEVILLE, CA 95661	IND		\$500		
12/18/2019	Terry Morrison of California LLC-SAC Folsom, CA 95630	OTHER		\$1,000		
9/16/2019	LEWIS PACIFIC PARTNERS UPLAND, CA 91786	OTHER		\$500		
<b>SUBTOTAL</b>				<b>\$2,950</b>		

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 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2019	
through	12/31/2019	Page 6 of 9
NAME OF FILER Elizabeth Karleskint		ID NUMBER 1387027

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/2/2019	Robert Weygandt [REDACTED] Lincoln, CA 95648	IND		\$250		
18-Dec-19	Christopher Landon [REDACTED] Newcastle, CA 95658	IND		\$100		
18-Dec-19	ECORP Consulting [REDACTED] Rocklin, CA 95677	OTHER		\$500		
18-Dec-19	Committee for Home Ownership of the Northstate Building Industry Assoc [REDACTED] Granite Bay, CA 95746	OTHER		\$1,000		
18-Dec-19	Fuhrmann Leamy Land Group [REDACTED] Roseville CA 95661	OTHER		\$500		
18-Dec-19	Wood Rogers [REDACTED] Sacramento, CA 95816	OTHER		\$500	\$700	
<b>SUBTOTAL</b>				<b>\$2,850</b>		

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 SCC - Small Contributor Committee



**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2019	
through	12/31/2019	Page <u>7</u> of <u>9</u>
NAME OF FILER Elizabeth Karleskint		ID NUMBER 1387027

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
18-Dec-19	John Mourier Construction, Inc. [REDACTED] Roseville CA95747	OTHER		\$500		
18-Dec-19	ENGEO [REDACTED] San Ramon, CA94583	OTHER		\$150		
18-Dec-19	Al Johnson Consulting LLC [REDACTED] Roseville, CA95678	OTHER		\$250		
18-Dec-19	Mackay & Soms [REDACTED] Pleasanton, CA94588	OTHER		\$250		
18-Dec-19	Malcolm White Consulting [REDACTED] Roseville, CA95661	OTHER		\$250		
18-Dec-19	Law Office of Marcus J. Lo Duca [REDACTED] Roseville, CA95661	OTHER		\$250		
<b>SUBTOTAL</b>				<b>\$1,650</b>		

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       (other than PTY or SCC)  
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 PTY - Political Party  
 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2019	
through	12/31/2019	Page 4 of 9

NAME OF FILER

Elizabeth Karleskint

ID NUMBER

1387027

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
18-Dec-19	West Roseville LLC [REDACTED] Roseville, CA95661	OTHER		\$250		
18-Dec-19	Phillips Land Law Inc [REDACTED] Loomis, CA95850	OTHER		\$250		
<b>SUBTOTAL</b>				<b>\$500</b>		

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       (other than PTY or SCC)  
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# Schedule E Payments Made

Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period from 07/01/2019 through 12/31/2019	CALIFORNIA FORM <b>460</b>
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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Elizabeth Karleskint

I.D. NUMBER  
1387027

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Daniel Alcantaro 460 G Street Lincoln, CA 95648	FND	FUNDRAISING BREAKFAST	500.00
Dan Karleskint [REDACTED] Lincoln, CA 95648		REPAYMENT OF LOAN	7500.00
Secretary of State 1500 11th St - Room 495 Sacramento, CA 95814 916 653-6224		ANNUAL FEE	50.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 8050.00**

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 8050.00
2. Unitemized payments made this period of under \$100	\$
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	<b>TOTAL \$ 8050.00</b>